

Independent National Cancer Advisory Group Minutes

Tuesday 16th January 2018, 15.30-18.00

Cancer Research UK, Angel Building, 407 St John Street, EC1V 4AD

Attendees: Harpal Kumar, Emma Greenwood, Jane Lyons, Richard Roope, Nicola Beech, Charlotte Beardmore, Heather Blake (for Delyth Morgan), Fran Woodard, Kate Lee, Nicola Strickland, Paul O'Flynn, John Reeve, Linda Pepper, Diane Gaston (for Jo Martin), Marcia Hall (for Jonathan Joffe)

Apologies: Delyth Morgan, Jo Martin, Jonathan Joffe

Update from National Cancer Director

Cally Palmer (CP), National Cancer Director, and Chris Harrison (CH), National Clinical Director for Cancer, gave an update on the delivery of the cancer strategy.

- **Cancer Alliance funding and support:** NHS England is considering how to support Alliances better, including developing personalised plans for support recognising different stages of development. 10 Alliances have received transformation funding for early diagnosis and 10 have received funding for recovery package and stratified follow-up. Some concern was expressed about the delay in delivering transformation funding to Cancer Alliances – NCAG was assured that funding is now being released.
- **Radiotherapy machines:** 56 new machines have been delivered, with 25 to come and 12 upgrades. The funding runs until December this year, with a notional list of future upgrades to deliver in consultation with local teams. The funding does not include upgrades to treatment planning systems as the radiotherapy service review is ongoing.
- **Cancer Waiting Times:** NHS England is refreshing cancer waiting times including through the development of the faster diagnosis standard. The CWT database is being changed to enable the collection of faster diagnosis standard data as well as showing problems in the whole pathway through existing CWT.
- **Patient and public engagement and involvement:** Members expressed concerns about the level of engagement being achieved by NHS England and the Cancer Alliances. CP outlined the steps that NHS England are taking to improve engagement, but asked NCAG members to provide suggestions as to what approach would work.

Other points raised included significant event analyses in A&E, which CP agreed to follow up. The lack of planning for Children, Teens and Young Adults in Cancer Alliances was also raised. Members also agreed that without transparency about how Cancer Alliances are doing, it is difficult to know where to focus support. A request was made for assessment of progress of all 96 cancer strategy recommendations and details of their ownership. CP agreed to consider the best way to provide this kind of granular detail.

Cancer Workforce: HEE phase one plan and phase two consultation

Jo Lenaghan (JL) gave an update on HEE's phase one workforce plan and phase two consultation.

- **Phase one delivery:** Laura Roberts, Director of HEE North West, is taking on day-to-day responsibility for the delivery of Cancer Alliance workforce plans. HEE has developed a draft project plan for the first phase of the workforce plan which JL will share with NCAG. Many of the levers are not held by HEE but by NHS Improvement or individual employers, but action

is being taken where possible, for example on return to practice. Cancer Alliance plans, expected by March, will be iterative. JL wasn't able to give a final deadline for these plans due to need to align final dates with requirements of other NHS bodies.

- **Phase two consultation:** JL outlined the process for the second phase of the plan, looking at longer-term demand over the next 15 years looking at the 5 key global drivers of change: demographics; technology and innovation; social, political, economic and environmental factors; current and future services models; and expectations (people/staff). After the submission deadline, HEE will hold a pre-session with stakeholders in February, followed by a one-day seminar in March. They are currently particularly lacking evidence on future service models and patient expectations.
- **Other work:** JL also highlighted HEE's wider workforce strategy which is under consultation until March 23, for publication in July. This is being supported by a standalone review of tech and innovation, which will be reporting by the summer. JL agreed to send information about the review and who is leading it to help engagement.

NCAG members praised the consultative approach being taken to the second phase of HEE's workforce plan. HSK stressed that all organisations should be submitting responses to the HEE consultation, to give the fullest picture of the impact of strategic changes; for example, if we are successful in diagnosing more cancers earlier, this creates greater demand on the surgery workforce.

Members also raised concerns that paediatric Clinical Nurse Specialists are not being considered, and a member also suggested that as survivorship increases practice cancer nurses may become an important model.

Cancer strategy: areas of little or no progress

Members discussed areas where there had been too little focus or progress to date.

- **Communications and engagement:** Members agreed again that communications and engagement with patients, public and health professionals has not been good enough yet. NCAG members agreed to feed back specific suggestions to the secretariat.
- **Research:** Members raised the fact that while big hospitals continue to do well, smaller hospitals are seeing declining performance in terms of patient access to research, creating two-tier access to patients for clinical trials or even information about research. Access for Teens and Young Adults is not happening either.
- **NHS pressures:** Members agreed that some of these issues could be thought about in the context of wider NHS challenges – affordability, data, public health – suggesting a different approach could be considered given these are not simply cancer problems. HSK agreed to raise this with CP to ask whether we should be taking other approaches.

Other issues raised include the recovery package and transparency about progress.

NCAG Terms of Reference

HSK asked members of NCAG to submit their thoughts on refreshing the ToR over the next month, specifically considering:

- The effectiveness of the group, and what needs to change to make the group more effective.

HSK clarified that in his role as Independent Chair of the NCAG he sits on the Cancer Transformation Board and has a regular meeting with CP.